

Prodigal Ministries Inc.

MISSIONS FOR CHRIST

APPLICATION FORM

PLEASE FILL OUT COMPLETELY. ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

For Office Use Only:

Date Received: _____

Appl. deadline: _____

Reference Forms:

Pastor: _____

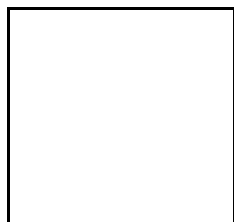
Church Leader: _____

Mission applied

for: _____

Deposit: _____

Owing: _____ Pd full ____

A. Personal information**PLEASE PRINT CLEARLY**

Please place your photo here!

Name: _____
First Middle Last**Address:** _____
Apt./ Street No. City/ Town_____
Province Postal Code Country_____
Home Phone Business Phone_____
Email Fax**Birth Date:** ____/____/____ Age: ____ Male ____ Female ____
MM/ DD/ YY**Citizenship:** _____ Country of birth: _____ Immigration status: _____**Language:** English _____ French _____ Other _____**Marital status:** Engaged ____ Single ____ Married ____ Divorced (over one year) Yes ____ No ____

Spouse's Name: _____

M.F.C.1

Passport Information

Name on Passport _____

Citizenship _____

City where your passport was issued _____

Date of Issue: M ___ D ___ Y ___ Expiry Date: _____

Passport Number _____

Social Insurance and Health Numbers

Social Insurance Number _____

Health Insurance Number _____

Health Insurance Company _____

Emergency Contact person # 1

Name: _____ Phone _____ (H) _____ (W)

Address _____ Relationship to you _____

Emergency Contact person # 2

Name: _____ Phone _____ (H) _____ (W)

Address _____ Relationship to you _____

Medical Information

Blood Type _____ Drug Allergies _____ Allergies _____

Medical Insurance: Name & Number

Financial Information

Your Employment: Full time Part-time Permanent -Part time
 Retired Other Student

Acknowledgment of Financial Responsibility

Applicant's name: _____

I understand that total payment is required within 30 days prior to departure of any trip. **Payment must be made in full to:**

**Prodigal Ministries
c/o Rev. Cathy Harris
P.O. Box 993
Bonavista, NL- Canada
A0C 1B0**

Signature: _____ Date: _____

Special note regarding expenses:

All personal expenses are the responsibility of the applicant, ie.- phone calls, medical fees, spending money, and laundry expenses. Please ensure that you are financially stable prior to departure.

Please include a **\$ 25.00 non-refundable/ non-taxable administrative fee** with this application. All applications will undergo an approval process and you will be notified upon acceptance.

Release of Liability:

I/We do hereby release **Mission for Christ**, and its staff and agents and volunteer assistants from any liability whatsoever arising out of injury, damage or loss sustained by said persons during the course of involvement with **Missions for Christ**.

Applicant's Signature _____ Date _____

I certify that all the information in this application is complete and accurate.

Signature _____ Date _____

Ministry Information

Have you ever taken a spiritual gift test? ___ Yes ___ No

If yes, please indicate which gifts you have below:

- ___ Helps ___ Leadership ___ Hospitality ___ Service ___ Administration
- ___ Discernment ___ Faith ___ Music ___ Mercy ___ Languages/Tongues
- ___ Interpretation ___ Craftsmanship ___ Healing ___ Giving ___ Wisdom
- ___ Knowledge ___ Exhortation ___ Teaching ___ Pastor/Shepherd
- ___ Apostleship ___ Missionary ___ Prophecy ___ Evangelism ___ Miracles

If you answered no to the first question on this page:

Would you be willing to take the spiritual gift test, if we sent it to you free of charge in order to establish what your spiritual gifts are? ___ Yes ___ No

Please indicate below what your ministries of interest are:

- ___ Children's Ministry ___ Prayer Ministry ___ Drama Ministry
- ___ Preaching ___ Testimony ___ Youth Ministry ___ Young Adult Ministry
- ___ Music Ministry
 - ___ Singing
 - ___ Instrumental

_____ which instrument(s)

M.F.C. 4

Please indicate your areas of ministry and experience in your local church: *Service, Leadership experience, gifts & abilities.*

Spiritual History Information

Are you a born again Christian? Yes No How many years? _____

Write a brief description of your conversion.

What spiritual disciplines do you practice regularly?

Bible Reading Prayer Daily Devotional Time Church Attendance

Prayer Meetings Bible Study Spiritual Inventory (self-examination)

Other Church Gatherings/Fellowship

Do you make it a practice to pursue holiness in your personal life? Please comment

In the past year have you been involved in any of the following:

Smoking Yes No Drinking Yes No

Illegal drugs Yes No Illicit sex Yes No

If yes, Please explain _____

Phone Number: _____ Address: _____

M.F.C. 6

Reference Forms

We require:

- 1. Church Leader reference
- 2. Pastoral Reference

1. List your Church Leader reference

Name: _____

Address: _____

Phone: (H) _____ (W) _____ (F) _____

2. List your Pastoral Reference

Home Church: _____

Pastor's Name: _____

Address: _____

Phone: _____ Fax _____

Is your Pastor in agreement with your plans? ____ Yes ____ No

If no, please explain: _____

Are you a member? Explain: _____

How long have you been a member? _____

How long have you attended this Church? _____

Are you involved in any area of ministry in this Church? _____

If no, why not? _____

What size is the church? _____

How would you describe your relationship with your Pastor? _____

Church Reference Form (confidential)

Name of applicant _____

(The above applicant has applied for a short term exposure mission's trip).

We would appreciate it if you would supply the information requested on this form in order to assist us in evaluating the applicant's suitability for this program.

Your Name: _____ Occupation _____

Address: _____

Phone: (H) _____ (W) _____

1) What is your relationship to the applicant? _____

2) How many years have you known the applicant? _____

3) What do you perceive to be the applicant's best qualities? _____

4) What do you perceive to be the applicant's weaknesses? _____

5) What ministry or spiritual gifts have you observed in operation in the applicant? _____

6) Please rate the applicant's ability to get along with his/her peers:

___ Outstanding ___ Excellent ___ Good ___ Fair ___ Poor

7) Please rate the applicant's ability to relate to authority:

___ Outstanding ___ Excellent ___ Good ___ Fair ___ Poor

8) Please rate applicant's ability to associate with unbelievers:

___ Outstanding ___ Excellent ___ Good ___ Fair ___ Poor

M.F.C. 8

9) Please rate the applicant's leadership skills:

___ Outstanding ___ Excellent ___ Good ___ Fair ___ Poor

10) Please rate the applicant's ability to overcome adversity:

___ Outstanding ___ Excellent ___ Good ___ Fair ___ Poor

11) Have you observed the applicant operating in a ministry format?

___ Outstanding ___ Excellent ___ Good ___ Fair ___ Poor

12) Why would you recommend this applicant to serve on a Missions Team?

Signature: _____ Date: _____

Please send directly all forms to :

Prodigal Ministries
C/O Rev. Cathy Harris
P.O. Box 993
Bonavista, NL
Canada
A0C 1B0
(709) 468 1179

2. Pastoral Reference Form (Confidential)

Name of Applicant: _____

The above has applied for a short term mission's exposure trip.

We would appreciate it if you would supply the information requested on this form in order to assist us in evaluating the applicant's suitability for this program.

Pastor's Name: _____

Home Church : _____

Denomination: _____

Address: _____

Phone: _____ Fax: _____

1) How long have you known the applicant? Months: _____ Years: _____

2) What is your position in the Church?

___ Senior Pastor ___ Associate Pastor ___ Youth Pastor ___ Other

3) How well do you know the applicant?

___ Very Well ___ Well ___ Casually ___ Not at all

4) To your knowledge, has the applicant been involved in illicit substance , alcohol or sexual impropriety?

___ Yes ___ No ___ Unable to comment

Please express any concerns: _____

5) Were you aware of the applicant's intention to participate in short term missions program prior to receiving this form?

___ Yes ___ No (comments) _____

6) Are you happy with his/her intentions? _____

7) In what activities has the applicant participated since attending your Church? _____

8) Has he/she shown effectiveness in these activities? _____

M.F.C.11

13) How does the applicant usually react to unusually trying situations?

withdraws gets discouraged gets angry gets overwhelmed
 meets constructively accepts patiently _____ other(explain)

Evaluation of applicant's emotional maturity:

Outstandingly mature. Has a proven ability to operate under stress and pressure.

More mature and emotionally stable than average.

Possesses adequate emotional stability and maturity.

Doubtful. Experience has shown that the applicant might not be able to handle trials.

Additional comments: _____

14) Please comment on any areas of weakness that you might be aware of:

15) To your knowledge, has the applicant ever been arrested for any offense?

Yes No If yes, please explain:

16) Please comment on the family background: _____

17) Overall, what do you consider to be the applicant's strong points? (include special abilities)

18) Do you recommend this person for this missions endeavor? (add any additional comments)

M.F.C 12

To the best of my knowledge the above information is correct and I believe that he/she possess the qualities indicated above.

Signature: _____ Date: _____

Thank you for your time and help with this application. God bless you!

Please send all forms directly to:

Prodigal Ministries
c/o Rev. Cathy Harris
P.O. Box 993
Bonavista, NL
Canada
A0C 1B0

(709) 468 1179

